

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 2

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SECTION 1915(G) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 37,330

b. FFY 2002 \$ 49,499

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A Page 1 (Part III)

ATTACHMENT 3.1-A Page 2 (Part III)

ATTACHMENT 3.1-A Page 3 (Part III)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

NEW

10. SUBJECT OF AMENDMENT:

TARGETED CASE MANAGEMENT STATE PLAN APPROVAL - BERRIEN COUNTY

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mark Trail

14. TITLE:

Acting Director, Division of Medical Assistance

15. DATE SUBMITTED:

12/27/00

16. RETURN TO:

Georgia Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

January 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: Georgia

CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Children in grades Pre-K to K and their Medicaid eligible siblings who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen or no periodic screening.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent.
11. Born to a parent who has not completed high school.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch. Disabled without mental impairment.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.).
17. Residing in home situation with guardian or caretaker other than biological parents.
18. History of substance abuse, Juvenile Court involvement, or at risk for socially transmitted disease.
19. Low achievement test scores (35th percentile and below) on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP).
20. Low grades/failing two (2) or more academic subjects in a grading period.
21. History of sexual or physical abuse or neglect, or exposure to violence.
22. Two or more out-of-school suspensions during the most recent school year.
23. Inadequate health care.
24. Children or children with family members identified with drug and/or alcohol use or abuse.
25. Family members with limited job skills or difficulty finding employment.
26. Pregnancy.
27. Transferred or moved two (2) or more times during the most recent school year.
28. Two (2) or more bus suspensions during the most recent school year.
29. Served or enrolled in the immigrant education program.

B. Areas of State in which services will be provided:

☐ Entire State.

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): Berrien County

C. Comparability of Services

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(2) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible at-risk children. The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational, transportation, housing, and other services; and to encourage the use of various community resources through referral to appropriate providers. Case management services will provide necessary coordination with the providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

The set of interrelated activities are as follows:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the eligible child. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each eligible child.
2. Assistance to the eligible child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring and follow-up with the eligible child and service providers to determine that the services received are adequate in meeting the child's assessed needs. Case management follow-up services are limited to 12 visits annually.
4. Reassessment of eligible children to determine the services needed to resolve any crisis situation resulting from divorce, death, separation, family structure changes, changes in living conditions, or other events.

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E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act. Enrollment is open to all providers who can meet with following requirements:

- a. Must have the capacity to provide the full range of at-risk case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private service providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Fannin County Schools; Fannin County Health Department; Fannin County Department of Family and Children Services, Fannin County Juvenile Court, and Fannin County Division of Youth Services.
- f. Case Management Supervisors must hold a Bachelor's Degree and have experience in the human services field; i.e., psychology, sociology, social work, humanities, counseling, career services and have experience working with low income indigenous children and their families.
- g. Case managers must hold a High School diploma or its equivalent and have experience working with low income indigenous children and their families.
- h. Both the Case Management Supervisors and Case Managers must complete a pre-service training program and a Family Connection designed and supervised practicum experience.

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers of Section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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